

WISCONSIN HOSPITAL ASSOCIATION, INC.



TO: Senator Terry Moulton, Chair
and Members of the Senate Committee on
Workforce Development, Small Business, and Tourism

FROM: Judy Warmuth – Vice President for Workforce

DATE: February 22, 2012

RE: Support for Senate Bill 450, relating to a health care workforce survey

The Wisconsin Hospital Association (WHA) enthusiastically supports Senate Bill (SB) 450, relating to collecting workforce survey information from health care providers.

SB 450 is a Joint Legislative Council bill that was introduced as a work product of the 2010 Interim Legislative Council Study Committee on Health Care Access, chaired by Senator Olsen. This proposal, WLC: 0066/2, was unanimously reported out by the study committee.

For background, you may recall that in the 2009-2011 Biennial Budget, the Joint Finance Committee included a provision that a survey be added to the re-licensure process for nurses in Wisconsin. The provision has led to 100% survey participation by the current nursing workforce. The results of this year's survey have allowed healthcare employers and educators to improve their forecasting and their focus on meeting future nursing workforce needs.

As you are aware, a current and chronic shortage of physicians and other health care professionals is a problem that is projected to worsen in Wisconsin without immediate action, prompting our request for the hearing on SB 450. While a voluntary physician survey was conducted this year, it was completed by only approximately 30% of physicians. A return rate that small unfortunately does not allow for the same analysis, strength of conclusion, and projections as the 100% response rate of the nursing survey.

WHA collects vacancy data on hospital clinical positions and also asks members to report the number of clinical staff over age 55. Annual workforce reports on this data show significant numbers of workers are at or near retirement age and that vacancy rates for some positions such as physical therapist and pharmacist remain concerns for hospitals. But the current survey of Registered Nurses also reported that less than 50% of today's RN workforce works in hospitals, pointing out the need for true statewide data.

As with the nursing survey, we believe the increased response rates that will result from instituting additional healthcare workforce surveys at the time of license renewal will allow educational facilities to better predict what categories of workers they should be preparing. The information will also allow health care employers to better plan for their future needs, and ultimately improve overall access to health care by assuring a strong future workforce.

We ask for your support for SB 450 and your help in advancing the bill into law before the end of the current legislative session. This proposal will ultimately provide Wisconsin's health care educators and employers with better workforce forecasting data and help ensure prudent health care workforce decisions.

February 22, 2012

Comments to the Committee on Workforce Development, Small Business and Tourism

Re: SB450, relating to collecting workforce survey information from health care providers.

Good morning and thank you for the opportunity to speak in support of SB450 to collect workforce survey information from health care providers.

My name is Nancy Sugden. I am an Assistant Dean for Academic Affairs at the UW School of Medicine and Public Health. In that capacity, I serve as Director of the Statewide Area Health Education Centers (AHEC) Program. Over the last 25 years, through my work at UWSMPH, I have been involved in a variety of health workforce research projects, and am pleased to serve at present as the Principal Investigator on a State Health Workforce Development Planning grant. This grant was awarded to Wisconsin by the federal Center for Health Workforce Analysis (HRSA/DHHS) in the fall of 2010. The Department of Workforce Development is a partner on this project.

One of the tasks of the Workforce Planning grant was to establish baseline health professions data for Wisconsin, in order to inform the planning process and provide a basis for measuring progress. This turns out to be a difficult task for professions with a large share of independent or self-employed practitioners, since national workforce data is based largely on reports from employers through the unemployment system. Taking physicians as an example, the information we could gather was as follows:

- Dept of Regulation and Licensing: 23,837 active MD and DO licenses as of 6-30-09
- 2009 OES Employment Data: 12,620 physicians in Wisconsin (does not include self-employed)
- American Association of Medical Colleges estimate, based on the AMA Masterfile: 13,742 active physicians, with 12,376 in patient care
- Wisconsin Hospital Association estimates as of 2006: 9,856 active MDs in patient care

Some sources included medical residents and fellows, some included part time and semi-retired, some were estimates of physicians providing patient care only, and some included physicians no longer working in Wisconsin. None included Wisconsin-specific information on hours of work or future employment plans that might be used to inform a projection of future supply. And none provided a basis for analysis of regional distribution within the state. Clearly what was lacking was a carefully designed and consistently administered survey of the physician workforce.

Many other states have had such a survey in place for a number of years, including Michigan, North Carolina, New York, Massachusetts, Virginia and Minnesota. The best systems involve a survey that is required as a part of license renewal, and a partnership between state agencies and academic research centers to analyze the data, prepare regular reports and review and update the questionnaire. The last time Wisconsin conducted a survey of the physician workforce was in 2000. That survey was done by the Bureau of Health Information in DHFS, using a paper form that had to be hand-coded upon return. With the capacity to conduct such

surveys online today, the cost of distributing the questionnaire and collecting and summarizing the data is far lower than it was then.

As part of the State Workforce Planning grant, we proposed to conduct a survey of the physician and physician assistant workforce in conjunction with the license renewal cycles in 2011-2012. We had the example of the groundbreaking RN workforce survey done in 2010 that established the necessary collaboration between the Department of Workforce Development, the (then) Department of Regulation and Licensing, the Department of Health Services, and several professional organizations to develop and implement a survey and report the results. With over 80,000 licensed RNs in the state at all levels of practice from associate degree to PhD, the RN survey was certainly a challenging project. Fortunately, surveying the physician workforce involves only 23,000 physicians, and the physician assistants number about 2000.

The surveys we proposed were implemented and are currently online and scheduled to close at the end of this month. We expect to have a report on the data available in the spring, in time to inform the current discussions concerning expansion of the state's medical school capacity.

This is a one-time project made possible by grant funds and a considerable amount of contributed time from project partners to develop the survey instrument. The grant funds were used to cover the cost of programming and hosting the survey by a private vendor, and to support the time of a research analyst at DWD to process and summarize the results.

Costs for programming, hosting, project management, data file preparation and delivery by the vendor:

MD survey	\$7,150
DO survey	\$4,400 (Would not have been necessary, but for the fact that MD and DO license renewal periods do not coincide. Essentially the same survey was used for both.)
PA survey	\$7,150

For surveys of this size (about 80 items taking respondents 15 minutes or less to complete, with 2,000-22,000 potential respondents) conducted over a two-month period, the size of the anticipated dataset was not the major factor in the cost.

With an established survey instrument and set of reports, replicating this project in the future should be a relatively easy task. The problem is that, unlike the RN survey, these surveys are voluntary. When we ran the first phase of the physician survey last fall we had a response rate just under 30%. The DO survey is coming in about the same; the physician assistant response is a bit higher.

Nevertheless, we will be able to provide good information with the survey data, by using it in conjunction with data from DSPS on the entire group of licensed physicians. However, we will likely not be able to provide the regional distribution detail that we had hoped, and we certainly will not be able to use the data to assist the state with the Health Professions Shortage Area designation process. We needed a return in excess of 80% to do that.

A large part of the problem in getting a good return is the fact that physician practice management organizations completed the license renewal as a service for their physicians, so many individual physicians never saw the survey at the time of renewal. We expended much energy and goodwill in reaching out through other means to encourage participation. All this would have been unnecessary had the survey been required in the first place, which is what this legislation is designed to do.

Wisconsin is long overdue for a comprehensive health workforce data collection system. This legislation would be a major step in the right direction, allowing the state to implement a consistent set of surveys for a number of key health professions. Of all the new groups proposed to be surveyed, the physician group is by far the largest (see list attached). Costs for the other surveys would likely be quite comparable to the physician survey. There is such intense interest in issues around health workforce that the state agencies involved can count on significant participation and contributed time from academic and professional organizations for assistance with survey development and analysis.

This legislation would provide data-driven input into the public decision-making process and provide the grounding for a comprehensive health workforce development plan. Whatever the outcome of the fall elections, there will be significant changes in the organization and financing of healthcare delivery in the next few years. We must have robust health workforce data in order to project changing needs under alternative scenarios and allocate state resources appropriately.

Again, thank you for the opportunity to share my experience with the physician and physician assistant surveys.

Respectfully submitted

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License renewal dates and approximate numbers of licensees

Profession	Renewal date	Number licensed as of 6-30-09
Physician - MD	10/31/odd year	22,567
Physician - DO	02/28 or 29/even year	1,270
Physician Assistant	02/28 or 29/even year	1,807
Pharmacist	05/31/even year	6,949
Physical Therapist	02/28/odd year	4,838
Clinical Social Worker	02/28/odd year	3,520
Psychologist	09/30/odd year	1,647
Dentist	09/30/odd year	4,628
Dental Hygienist	09/30/odd year	5,141

Survey already required by statute:

Registered Nurse	02/28 or 29/even year	81,966
Nurse Midwife (CNM) (as part of RN license renewal)	02/28 or 29/even year	179
Nurse, Advanced Practice Prescriber (as part of RN license renewal)	09/30/even year	3,146
Licensed Practical Nurse	04/30/odd year	15,532